

RABIES VACCINATION CERTIFICATE

NASPHV Form 51				RABIES TAG NUMBER	
Owner's Name & Address Print – use ball point pen or type					
PRINT LAST		FIRST		M.I.	
				TELEPHONE	
NO.		STREET		CITY	
				STATE	
				ZIP	
SPECIES:		SEX:	AGE:	SIZE:	PREDOMINANT BREED:
Dog		Male	3 Mo. To 12 Mo.	Under 20 lbs.	
Cat		Female	12 Mo. Or older	20 – 50 lbs.	
Other:		Neutered		Over 50 lbs.	
(specify)					
				Name:	
DATE VACCINATED:		PRODUCER		Veterinarian's: #	
_____, 19 ____		[] [] []		License No. _____	
Month Day		(First 3 letters)			
VACCINATION EXPIRES:		1 yr. Lic./Vacc.		Signature _____	
_____, 19 ____		3 yr. Lic./Vacc.		Address _____	
Month Day					
		_____ Vacc. Serial (lot) Number			